

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT#

10/568702

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL DEP.			↓	↑	↓	↓				↓			
TOTAL DEP.			←	7	←	←				↓			↓
TOTAL CLAIMS			8	5						←			←
TOTAL CLAIMS													

BEST AVAILABLE COPY